## BEST AVAILABLE COPY

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |   |                   |                              |                                 |                   |         | SMALL ENTITY TYPE |                        |    | OTHER THAN SMALL ENTITY |  |
|--|---|---|-------------------|------------------------------|---------------------------------|-------------------|---------|-------------------|------------------------|----|-------------------------|--|
| TOTAL CLAIMS                                   |   |   | 3                 |                              |                                 |                   | F       | RATE              | FEE                    |    | RATE                    | FEE  |
| FOR  |   |   | NUMBER FILED      |                              | NUMBER EXTRA                    |                   | ВА      | SIC FEE           | 355.00                 | OR | BASIC FEE               | 710.00   |
| TO   | TAL CHARGEA   | BLE CLAIMS                                | 7 minus 20=       |                              | · Ø                             |                   |         | <b>(\$</b> 9=     |                        | OR | X\$18=                  |  |
| ND   | EPENDENT CL   | AIMS                                      | / minus 3 =       |                              | * (2)                           |                   |         | X40=              |                        |    | X80=                    |  |
| ΛUI  | LTIPLE DEPENI   | DENT CLAIM PI                             | RESENT            |                              |                                 |                   |         |                   |                        | OR |                         |  |
| 14   | the difference  | in column 1 is                            | loss than zo      | ro onto                      | r "O" in c                      | olumn 2           | <u></u> | 135=              |                        | OR | +270=                   | 4-7  |
| IT T   |   | _AIMS AS A                                |                   |                              |                                 | Olumin 2          | Т       | OTAL              |                        | OR | OTHER                   |  |
|  |   | (Column 1)                                |                   | (Colu                        |                                 | (Column 3)        | S       | MALLE             |                        | OR | SMALL                   |  |
| Z INI  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVI<br>PAID | IBER<br>OUSLY                   | PRESENT<br>EXTRA  | F       | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONA<br>FEE                            |
|  | Total   | *   | Minus             | **                           |                                 | =                 | )       | <b>(</b> \$ 9=    |                        | OR | X\$18=                  |  |
| AMENDMENI                                      | Independent   |   |                   |                              |                                 | =                 | ;       | X40=              |                        | OR | X80=                    |  |
|  | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEP       | ENDEN                        | TCLAIM                          |                   | +       | 135=              |                        | OR | +270=                   | *  |
|  |   |   |                   |                              |                                 |                   | <u></u> | TOTAL             |                        |    | TOTAL<br>ADDIT. FEE     | ,  |
|  |   | (Column 1)                                |                   | (Colu                        | mn 2)                           | (Column 3)        | ADI     | DIT. FEE          |                        | į  | ADDIT. FEE              | Spirate and the                                  |
| AMENDMENI B                                    |   | CLAIMS REMAINING AFTER AMENDMENT          |                   | HIGH<br>NUN<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA  | f       | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI<br>TIONA<br>FEE                             |
| ֓֞֞֟֝֟֟֟֝֟֝֟֟֝֟֟֟֟֟֟֟֟֟                        | Total   | *   | Minus             | **                           |                                 | =                 | ,       | X\$ 9=            |                        | OR | X\$18=                  |  |
|  | Independent   | *   | Minus             | ***                          |                                 | =                 |         | X40=              |                        | OR | X80=                    |  |
| _  | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEF       | PENDEN                       | T CLAIM                         |                   | J   _   | -135=             |                        | OR | +270=                   |  |
|  |   |   |                   |                              |                                 |                   |         | TOTAL             |                        | OR | TOTAL<br>ADDIT. FEE     |  |
|  |   | (Column 1)                                |                   | (Colu                        | ı <b>m</b> n 2)                 | (Column 3)        | ADI     | DIT. FEE          |                        |    | ADDIT. FEE              | Č  |
| ا<br>ا<br>ا                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIG<br>NUM<br>PREV           | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA  | ı       | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADD<br>TION/<br>FEE                              |
| AMENDINENT                                     | Total   | *   | Minus             | **                           |                                 | =                 |         | XS 9=             |                        | OR | XS18=                   |  |
|  | Independent   | *   | Minus             | ***                          |                                 | =                 |         | X40=              |                        |    | X80=                    |  |
| ۷  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                    |   |                   |                              |                                 |                   |         |                   |                        | OR | -                       | <del>                                     </del> |
|  | If the entry in colu  | mn 1 is less than                         | the entry in colu | ımn 2 wri                    | ite "0" in co                   | olumn 3.          | _       | -135=<br>         |                        | OR | +270=                   | <u> </u>   |
| **   | If the entry in colu<br>If the "Highest Nu<br>*If the "Highest Nu | mber Previously F                         | Paid For" IN THI  | S SPACE                      | is less that                    | an 20, enter "20. | ." AD   | TOTAL<br>DIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE     |  |